## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

WMS - 677

Effective October 1, 2003

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                                    |                                |                              |                                      |       | SMALL ENTITY TYPE   |                        | OR      | OTHER<br>SMALL      |                        |
|---|--|---|------------------------------------|--------------------------------|------------------------------|--------------------------------------|-------|---------------------|------------------------|---------|---------------------|------------------------|
| TOTAL CLAIMS  |  |   | 48                                 |                                |                              |                                      |       | RATE                | FEE                    |         | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED                       |                                | NUMBER EXTRA                 |                                      |       | BASIC FEE           | 385.00                 | OR      | BASIC FEE           | 770.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 49 minus 20=                       |                                | . 29                         |                                      |       | XS 9=               |                        | OR      | XS18=               | 527                    |
| INDEPENDENT CLAIMS  |  |   | 6 mir                              | nus 3 =                        | * 3                          |                                      |       | X43=                | _                      | OR      | X86=                | 268                    |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PE                             | RESENT                             |                                |                              |                                      |       | +145=               |                        | OR      | +290=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |   |                                    |                                |                              |                                      | TOTAL |                     | OR                     | TOTAL   | 550                 |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                          |  |   |                                    |                                |                              |                                      | •     | SMALL E             | NTITY                  | OR      | OTHER<br>SMALL      |                        |
| AMENDMENT A   | 250  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·                                  | HIGH<br>NUMI<br>PREVIC<br>PAID | BER<br>DUSLY<br>FOR          | PRESENT<br>EXTRA                     |       | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
| MQ  | Total  | . 49                                      | Minus                              | #                              | 49                           | = <i>Q</i>                           |       | X\$ 9=              | /                      | OR      | X\$18=              |                        |
| AMEN  | Independent                                    | * 6                                       | Minus                              | ###                            | CLAIM                        | = ()                                 |       | X43=                |                        | OR      | X86=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                                    |                                |                              |                                      |       | +145=               |                        | OR      | +290=/              |                        |
|   |  |   |                                    |                                |                              |                                      |       | TOTAL<br>ADDIT. FEE | /                      | OR      | TOTAL<br>ADDIT, FEE |                        |
|   |  | (Column 1)                                |                                    | (Colur                         | nn 2)                        | (Column 3)                           |       | ADD CC              |                        | •       |                     |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | HIGH<br>NUM<br>PREVK<br>PAID   | BER<br>DUSLY                 | PRESENT<br>EXTRA                     |       | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
| DM  | Total  | *   | Minus                              | **                             |                              | =                                    |       | X\$ 9=              |                        | OR      | X\$18=              |                        |
| MEN   | Independent                                    | *   | Minus                              | ***                            |                              | =                                    |       | X43=                |                        | OR      | X86=                |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                    |                                |                              |                                      |       | +145=               |                        | OR      | +290=               |                        |
|   |  |   |                                    |                                |                              |                                      |       | TOTAL<br>ADDIT, FEE |                        | OR      | TOTAL<br>ADDIT, FEE |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                                    |                                |                              |                                      |       |                     |                        |         |                     |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | HIGH<br>NUM<br>PREVIO          | IEST<br>BER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA                     |       | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                              | ***                            |                              | =                                    |       | X\$ 9=              |                        | OR      | X\$18=              |                        |
|   | Independent                                    | *   | Minus                              | ***                            |                              | =                                    | ]     | X43=                |                        | OR      | X86=                |                        |
| ٩   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                    |                                |                              |                                      |       |                     |                        |         | 1200-               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                                    |                                |                              |                                      |       |                     |                        | OR      | +290=               |                        |
| ***   | If the "Highest Nu                             | mber Previously Pa<br>mber Previously Pa  | aid For" IN THI<br>aid For" IN THI | S SPACE                        | is less that<br>is less that | ın 20, enter "20<br>ın 3, enter "3." |       | ADDIT. FEE          |                        | OR      | ADDIT. FEE          |                        |
|   | The "Highest Nurr                              | nber Previously Pai                       | d For" (Total o                    | r Independ                     | lent) is the                 | e highest numb                       | er fo | und in the ap       | propriate bo           | x in co | olumn 1.            |                        |